

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Cytological Evaluation Of Breast Duct Epithelial  
Cells Retrieved By Ductal Lavage

Attorney Docket Number::

005284.00226

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

1

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Angela  
Middle Name::  
Family Name:: Soito  
Name Suffix::  
City of Residence:: Foster City  
State or Province of Residence:: California  
Country of Residence::  
Street of mailing address:: 230 Commons Lane  
City of mailing address:: Foster City  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Resident Alien of US  
Status:: Full Capacity  
Given Name:: Britt-Marie  
Middle Name::  
Family Name:: Ljung  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 3837 Clay Street

City of mailing address:: San Francisco  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Karen  
Middle Name::  
Family Name:: Chew  
Name Suffix::  
City of Residence:: San Mateo  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 116 CSM Drive  
City of mailing address:: San Mateo  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94402

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/916,647	07/30/01
09/916,647	Non-Provisional of	60/221,864	07/28/00

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: